

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4729

1. PLACE OF DEATH

County VernonRegistration District No. 877

Township

Primary Registration District No. 4330City Schell City Mo (No. 7)

File No.

Registered No. 3

St. Ward

2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Laura Brooke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 5, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

73—3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

1910

11. Total time (years) spent in this occupation

15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Vardiman Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

MOTHER

15. MAIDEN NAME

Fulda Wardman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

17. INFORMANT (ADDRESS)

Laura Brooks Schell City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Lawn Cemetery DATE Jan 21, 1937

19. UNDERTAKER (ADDRESS)

Lute, Lewis & Son Schell City, Mo

20. FILED

Jan 20, 1937Pearl Peters
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 19, 1937

22. I HEREBY CERTIFY That I attended deceased from

Jan 8, 1937, to Jan 19, 1937I last saw him alive on Jan 19, 1937 Death is saidto have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Influenza Date of onset 1-8-37

Other contributory causes of importance:

Chronic Bronchitis
Chronic Arthritis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

J. R. Colson, M. D.
(Address) Schell City Mo

